

AMENDED IN SENATE JUNE 30, 2003

AMENDED IN ASSEMBLY MAY 8, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 801

Introduced by Assembly Member Diaz
(Coauthors: Assembly Members Koretz, Leiber, and Yee)

February 20, 2003

An act to *amend Section 853 of, and to add Article 10.5* (commencing with Section 2198) to Chapter 5 of Division 2 of, the Business and Professions Code, relating to ~~physicians and surgeons~~, *to the healing arts*.

LEGISLATIVE COUNSEL'S DIGEST

AB 801, as amended, Diaz. ~~Cultural and linguistic competency of physicians~~ *Dentists and physicians and surgeons*.

(1) *Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows licensed physicians and dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years. The program establishes requirements for the participants in the program.*

This bill would revise the requirements applicable to the dentists who participate in the program.

(2) Existing law requires the Division of Licensing of the Medical Board of California to establish continuing medical education requirements for physicians and surgeons and to administer other specified programs.

This bill would enact the Cultural and Linguistic Competency of Physicians Act of 2003 where local medical societies of the California Medical Association, while monitored by the division, would operate a voluntary competency program for physicians. The program would develop educational classes to teach foreign languages to interested physicians and would offer classes designed to teach physician participants about cultural practices and beliefs that impact health care. The bill would require the formation of a work group to examine and recommend whether successful participating physicians receive credit for the program and to ~~establish standards for courses and training~~ *evaluate the program*. The bill would require funding of the program by fees charged to physicians who elect to take the educational classes and by any other funds secured by local medical societies.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) ~~From~~ *According to the 2000 United States Census, from*
- 4 *July 1990 to July 1999, inclusive, California's population*
- 5 *increased by approximately 4 million people. Approximately 61*
- 6 *percent of this growth can be attributed to the growth in the Latino*
- 7 *population.*
- 8 (b) Title VI of the Civil Rights Act of 1964 requires any
- 9 federally funded health facility to ensure persons with limited
- 10 English proficiency may meaningfully access health care services.
- 11 Persons with limited English proficiency are often excluded from
- 12 programs, experience delays or denial of services, or receive care
- 13 and services based on inaccurate or incomplete information.
- 14 (c) The Association of American Medical Colleges in 1998
- 15 found only 6.8 percent of all graduates from the United States
- 16 medical schools were of an ethnic or racial minority group.
- 17 (d) According to the Institute of Medicine report requested by
- 18 the United States Congress, research evidence suggests that
- 19 provider-patient communication is directly linked to patient
- 20 satisfaction and subsequent healthy outcomes for patients. Thus,
- 21 when sociocultural differences between the patient and the
- 22 provider are not appreciated, explored, understood, or



1 communicated in the medical encounter, the result is patient
2 dissatisfaction, poor adherence, poor outcomes, and racial and
3 ethnic disparities in health care.

4 (e) The Summit on Immigration Needs and Contributions of
5 the Bridging Borders in the Silicon Valley Project found that
6 approximately 50 percent of participants reported that having a
7 provider that speaks his or her language will improve the quality
8 of health care services they receive.

9 (f) In its April 2003 report to the Legislature, the State Task
10 Force on Culturally and Linguistically Competent Physicians and
11 Dentists found that “our cultural beliefs impact and shape our
12 beliefs about health care and the health care delivery system.
13 Because health care providers frequently do not understand unique
14 cultural beliefs about health care that many consumers hold, and
15 do not consider culture when developing a treatment plan, many
16 consumers are given treatment regimens that they will not follow.
17 As a result, it is more important than ever that health care providers
18 possess a degree of cultural competency that they bring to
19 interactions with their patients.”

20 SEC. 2. *Section 853 of the Business and Professions Code is*
21 *amended to read:*

22 853. (a) The Licensed Physicians and Dentists from Mexico
23 Pilot Program is hereby created. This program shall allow up to 30
24 licensed physicians specializing in family practice, internal
25 medicine, pediatrics, and obstetrics and gynecology, and up to 30
26 licensed dentists from Mexico to practice medicine or dentistry in
27 California for a period not to exceed three years. The program shall
28 also maintain an alternate list of program participants.

29 (b) The Medical Board of California shall issue three-year
30 nonrenewable licenses to practice medicine to licensed Mexican
31 physicians and the Dental Board of California shall issue
32 three-year nonrenewable permits to practice dentistry to licensed
33 Mexican dentists.

34 (c) Physicians from Mexico eligible to participate in this
35 program shall comply with the following:

36 (1) Be licensed, certified or recertified, and in good standing in
37 their medical specialty in Mexico. This certification or
38 recertification shall be performed, as appropriate, by the Consejo
39 Mexicano de Ginecología y Obstetricia, A.C., the Consejo
40 Mexicano de Certificación en Medicina Familiar, A.C., the

1 Consejo Mexicano de Medicina Interna, A.C., or the Consejo
2 Mexicano de Certificación en Pediatría, A.C.

3 (2) Prior to leaving Mexico, each physician shall have
4 completed the following requirements:

5 (A) Passed the board review course with a score equivalent to
6 that registered by United States applicants when passing a board
7 review course for the United States certification examination in
8 each of his or her specialty areas and passed an interview
9 examination developed by the National Autonomous University
10 of Mexico (UNAM) for each specialty area. Family practitioners
11 who shall include obstetrics and gynecology in their practice, shall
12 also be required to have appropriately documented, as specified by
13 United States standards, 50 live births. Mexican obstetricians and
14 gynecologists shall be fellows in good standing of the American
15 College of Obstetricians and Gynecologists.

16 (B) (i) Satisfactorily completed a six-month orientation
17 program that addressed medical protocol, community clinic
18 history and operations, medical administration, hospital
19 operations and protocol, medical ethics, the California medical
20 delivery system, health maintenance organizations and managed
21 care practices, and pharmacology differences. This orientation
22 program shall be approved by the Medical Board of California to
23 ensure that it contains the requisite subject matter and meets
24 appropriate California law and medical standards where
25 applicable.

26 (ii) Additionally, Mexican physicians participating in the
27 program shall be required to be enrolled in adult English as a
28 Second Language (ESL) classes that focus on both verbal and
29 written subject matter. Each physician participating in the program
30 shall have transcripts sent to the Medical Board of California from
31 the appropriate Mexican university showing enrollment and
32 satisfactory completion of these classes.

33 (C) Representatives from the National Autonomous University
34 of Mexico (UNAM) in Mexico and a medical school in good
35 standing or a facility conducting an approved medical residency
36 training program in California shall confer to develop a mutually
37 agreed upon distant learning program for the six-month
38 orientation program required pursuant to subparagraph (B).

39 (3) Upon satisfactory completion of the requirements in
40 paragraphs (1) and (2), and after having received their three-year

1 nonrenewable medical license, the Mexican physicians shall be
2 required to obtain continuing education pursuant to Section 2190
3 of the Business and Professions Code. Each physician shall obtain
4 an average of 25 continuing education units per year for a total of
5 75 units for a full three years of program participation.

6 (4) Upon satisfactory completion of the requirements in
7 paragraphs (1) and (2), the applicant shall receive a three-year
8 nonrenewable license to work in nonprofit community health
9 centers and shall also be required to participate in a six-month
10 externship at his or her place of employment. This externship shall
11 be undertaken after the participant has received a license and is
12 able to practice medicine. The externship shall ensure that the
13 participant is complying with the established standards for quality
14 assurance of nonprofit community health centers and medical
15 practices. The externship shall be affiliated with a medical school
16 in good standing in California. Complaints against program
17 participants shall follow the same procedures contained in the
18 Medical Practice Act (Chapter 5 (commencing with Section
19 2000)).

20 (5) After arriving in California, Mexican physicians
21 participating in the program shall be required to be enrolled in
22 adult English as a Second Language (ESL) classes at institutions
23 approved by the Bureau of Private Post Secondary and Vocational
24 Education or accredited by the Western Association of Schools
25 and Colleges. These classes shall focus on verbal and written
26 subject matter to assist a physician in obtaining a level of
27 proficiency in English that is commensurate with the level of
28 English spoken at community clinics where he or she will practice.
29 The community clinic employing a physician shall submit
30 documentation confirming approval of an ESL program to the
31 Medical Board of California for verification. Transcripts of
32 satisfactory completion of the ESL classes shall be submitted to
33 the Medical Board of California as proof of compliance with this
34 provision.

35 (6) (A) Nonprofit community health centers employing
36 Mexican physicians in the program shall be required to have
37 medical quality assurance protocols and either be accredited by the
38 Joint Commission on Accreditation of Health Care Organizations
39 or have protocols similar to those required by the Joint
40 Commission on Accreditation of Health Care Organizations.

1 These protocols shall be submitted to the Medical Board of
2 California prior to the hiring of Mexican physicians.

3 (B) In addition, after the program participant successfully
4 completes the six-month externship program, a free standing
5 health care organization that has authority to provide medical
6 quality certification, including, but not limited to, health plans,
7 hospitals, and the Integrated Physician Association, shall be
8 responsible for ensuring and overseeing the compliance of
9 nonprofit community health centers medical quality assurance
10 protocols, conducting site visits when necessary, and developing
11 any additional protocols, surveys, or assessment tools to ensure
12 that quality of care standards through quality assurance protocols
13 are being appropriately followed by physicians participating in the
14 program.

15 (7) Participating hospitals shall have the authority to establish
16 criteria necessary to allow individuals participating in this
17 three-year pilot program to be granted hospital privileges in their
18 facilities.

19 (8) The Medical Board of California shall provide oversight
20 review of both the implementation of this program and the
21 evaluation required pursuant to subdivision (j). The Board shall
22 consult with the medical schools applying for funding to
23 implement and evaluate this program, executive and medical
24 directors of nonprofit community health centers wanting to
25 employ program participants, and hospital administrators who
26 will have these participants practicing in their hospital, as it
27 conducts its oversight responsibilities of this program and
28 evaluation. Any funding necessary for the implementation of this
29 program, including the evaluation and oversight functions, shall
30 be secured from nonprofit philanthropic entities. Implementation
31 of this program may not proceed unless appropriate funding is
32 secured from nonprofit philanthropic entities. The Medical Board
33 of California shall report to the Legislature every January during
34 which the program is operational regarding the status of the
35 program and the ability of the program to secure the funding
36 necessary to carry out its required provisions. Notwithstanding
37 Section 11005 of the Government Code, the board may accept
38 funds from nonprofit philanthropic entities. The board shall, upon
39 appropriation in the annual Budget Act, expend funds received
40 from nonprofit philanthropic entities for this program.



(d) (1) Dentists from Mexico eligible to participate in this program shall comply with the following *requirements or the requirements contained in paragraph (2)*:

(A) Be graduates from the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontologia).

(B) Meet all criteria required for licensure in Mexico that is required and being applied by the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontologia), including, but not limited to:

(i) A minimum grade point average.

(ii) A specified English language comprehension and conversational level.

(iii) Passage of a general examination.

(iv) Passage of an oral interview.

(C) Enroll and complete an orientation program that focuses on the following:

(i) Practical issues in pharmacology ~~which that~~ shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(ii) Practical issues and diagnosis in oral pathology ~~which that~~ shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iii) Clinical applications ~~which that~~ shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

~~(iii)~~
(iv) Biomedical sciences ~~which that~~ shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

~~(iv)~~
(v) Clinical history management ~~which that~~ shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

~~(v)~~
(vi) Special patient care ~~which that~~ shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

~~(vi)~~

1 (vii) Sedation techniques~~—which~~ that shall be taught by an
2 instructor who is affiliated with a California dental school
3 approved by the Dental Board of California.

4 ~~(vii)~~

5 (viii) Infection control guidelines which shall be taught by an
6 instructor who is affiliated with a California dental school
7 approved by the Dental Board of California.

8 ~~(viii)~~

9 (ix) Introduction to health care systems in California.

10 ~~(ix)~~

11 (x) Introduction to community clinic operations.

12 (2) (A) *Graduate within the three-year period prior to*
13 *enrollment in the program, from a foreign dental school that has*
14 *received provisional approval or certification for the Dental Board*
15 *of California under the Foreign Dental School Approval Program.*

16 (B) *Enroll and satisfactorily complete an orientation program*
17 *that focuses on the health care system and community clinic*
18 *operations in California.*

19 (C) *Enroll and satisfactorily complete a course taught by an*
20 *approved foreign dental school on the infection control guidelines*
21 *adopted by the Dental Board of California.*

22 (3) Upon satisfactory completion to a competency level of the
23 requirements in paragraph (1) *or* (2), dentists participating in the
24 program shall be eligible to obtain employment in a nonprofit
25 community health center pursuant to subdivision (f) within the
26 structure of an extramural dental program for a period not to
27 exceed three years.

28 ~~(3)~~

29 (4) Dentists participating in the program shall be required to
30 complete the necessary continuing education units required by the
31 Dental Practice Act (Chapter 4 (commencing with Section 1600)).

32 ~~(4)~~

33 (5) The program shall accept 30 participating dentists. The
34 program shall also maintain an alternate list of program applicants.
35 If an active program participant leaves the program for any reason,
36 a participating dentist from the alternate list shall be chosen to fill
37 the vacancy. Only active program participants shall be required to
38 complete the orientation program specified in subparagraph (C) of
39 paragraph (1)~~—of this subdivision.~~

40 ~~(5)~~

1 (6) (A) Additionally, an extramural dental facility may be
2 identified, qualified, and approved by the board as an adjunct to,
3 and an extension of, the clinical and laboratory departments of an
4 approved dental school.

5 (B) As used in this subdivision, “extramural dental facility”
6 includes, but is not limited to, any clinical facility linked to an
7 approved dental school for the purposes of monitoring or
8 overseeing the work of a dentist licensed in Mexico participating
9 in this program and that is employed by an approved dental school
10 for instruction in dentistry ~~which~~ *that* exists outside or beyond the
11 walls, boundaries, or precincts of the primary campus of the
12 approved dental school, and in which dental services are rendered.
13 These facilities shall include nonprofit community health centers.

14 (C) Dental services provided to the public in these facilities
15 shall constitute a part of the dental education program.

16 (D) Approved dental schools shall register extramural dental
17 facilities with the board. This registration shall be accompanied by
18 information supplied by the dental school pertaining to faculty
19 supervision, scope of treatment to be rendered, arrangements for
20 postoperative care, the name and location of the facility, the date
21 operations shall commence at the facility, and a description of the
22 equipment and facilities available. This information shall be
23 supplemented with a copy of the agreement between the approved
24 dental school and the affiliated institution establishing the
25 contractual relationship. Any change in the information initially
26 provided to the board shall be communicated to the board.

27 ~~(6)~~

28 (7) The program shall also include issues dealing with program
29 operations, and shall be developed in consultation by
30 representatives of community clinics, approved dental schools,
31 and the National Autonomous University of Mexico School of
32 Faculty Dentistry (Facultad de Odontologia).

33 ~~(7)~~

34 (8) The Dental Board of California shall provide oversight
35 review of the implementation of this program and the evaluation
36 required pursuant to subdivision (j). The Dental Board shall
37 consult with dental schools in California that have applied for
38 funding to implement and evaluate this program and executive and
39 dental directors of nonprofit community health centers wanting to
40 employ program participants, as it conducts its oversight

responsibilities of this program and evaluation. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The Dental Board of California shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities.

(e) Nonprofit community health centers that employ participants shall be responsible for ensuring that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary.

(f) Physicians and dentists from Mexico having met the applicable requirements set forth in subdivisions (c) and (d) shall be placed in a pool of candidates who are eligible to be recruited for employment by nonprofit community health centers in California, including, but not limited to, those located in the Counties of Ventura, Los Angeles, San Bernardino, Imperial, Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz, Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno, Stanislaus, San Luis Obispo, and San Diego. The Medical Board of California shall ensure that all Mexican physicians participating in this program have satisfactorily met the requirements set forth in subdivision (c) prior to placement at a nonprofit community health center.

(g) Nonprofit community health centers in the counties listed in subdivision (f) shall apply to the Medical Board of California and the Dental Board of California to hire eligible applicants who shall then be required to complete a six-month externship that includes working in the nonprofit community health center and a corresponding hospital. Once enrolled in this externship, and upon payment of the required fees, the Medical Board of California shall issue a three-year nonrenewable license to practice medicine and the Dental Board of California shall issue a three-year nonrenewable dental special permit to practice dentistry. For purposes of this program, the fee for a three-year nonrenewable

1 license to practice medicine shall be nine hundred dollars (\$900)
 2 and the fee for a three-year nonrenewable dental permit shall be
 3 five hundred forty-eight dollars (\$548). A licensee or
 4 permitholder shall practice only in the nonprofit community
 5 health center that offered him or her employment and the
 6 corresponding hospital. This three-year nonrenewable license or
 7 permit shall be deemed to be a license or permit in good standing
 8 pursuant to the provisions of this chapter for the purpose of
 9 participation and reimbursement in all federal, state, and local
 10 health programs, including managed care organizations and health
 11 maintenance organizations.

12 (h) The three-year nonrenewable license or permit shall
 13 terminate upon notice by certified mail, return receipt requested,
 14 to the licensee's or permitholder's address of record, if, in the
 15 Medical Board of California or Dental Board of California's sole
 16 discretion, it has determined that either:

17 (1) The license or permit was issued by mistake.

18 (2) A complaint has been received by either board against the
 19 licensee or permitholder that warrants terminating the license or
 20 permit pending an investigation and resolution of the complaint.

21 (i) All applicable employment benefits, salary, and policies
 22 provided by nonprofit community health centers to their current
 23 employees shall be provided to medical and dental practitioners
 24 from Mexico participating in this pilot program. This shall include
 25 nonprofit community health centers providing malpractice
 26 insurance coverage.

27 (j) Beginning 12 months after this pilot program has
 28 commenced, an evaluation of the program shall be undertaken
 29 with funds provided from philanthropic foundations. The
 30 evaluation shall be conducted jointly by one medical school and
 31 one dental school in California and the National Autonomous
 32 University of Mexico in consultation with the Medical Board of
 33 California and the Dental Board of California. If the evaluation
 34 required pursuant to this section does not begin within 15 months
 35 after the pilot project has commenced, the evaluation may be
 36 performed by an independent consultant selected by the Director
 37 of the Department of Consumer Affairs. This evaluation shall
 38 include, but not be limited to, the following issues and concerns:

39 (1) Quality of care provided by doctors and dentists licensed
 40 under this pilot program.

1 (2) Adaptability of these licensed practitioners to California
2 medical and dental standards.

3 (3) Impact on working and administrative environment in
4 nonprofit community health centers and impact on interpersonal
5 relations with medical licensed counterparts in health centers.

6 (4) Response and approval by patients.

7 (5) Impact on cultural and linguistic services.

8 (6) Increases in medical encounters provided by participating
9 practitioners to limited English-speaking patient populations and
10 increases in the number of limited English-speaking patients
11 seeking health care services from nonprofit community health
12 centers.

13 (7) Recommendations on whether the program should be
14 continued, expanded, altered, or terminated.

15 (8) Progress reports on available data listed shall be provided
16 to the Legislature on achievable time intervals beginning the
17 second year of implementation of this pilot program. An interim
18 final report shall be issued three months before termination of this
19 pilot. A final report shall be submitted to the Legislature at the time
20 of termination of this pilot program on all of the above data. The
21 final report shall reflect and include how other initiatives
22 concerning the development of culturally and linguistically
23 competent medical and dental providers within California and the
24 United States are impacting communities in need of these health
25 care providers.

26 (k) Costs for administering this pilot program shall be secured
27 from philanthropic entities.

28 (l) Program applicants shall be responsible for working with
29 the governments of Mexico and the United States in order to obtain
30 the necessary three-year visa required for program participation.

31 *SEC. 3.* Article 10.5 (commencing with Section 2198) is
32 added to Chapter 5 of Division 2 of the Business and Professions
33 Code, to read:

34
35 Article 10.5. Cultural and Linguistic Competency of
36 Physicians Act of 2003
37

38 2198. (a) This article shall be known and may be cited as the
39 Cultural and Linguistic Competency of Physicians Act of 2003.
40 The cultural and linguistic physician competency program is

1 hereby established and shall be operated by local medical societies
2 of the California Medical Association and shall be monitored by
3 the Division of Licensing ~~of the board~~.

4 (b) This program shall be a voluntary program for all interested
5 ~~physician members and nonmembers of the California Medical~~
6 ~~Association and local medical societies. The program shall consist~~
7 ~~of educational classes designed to teach a foreign language and~~
8 ~~cultural practices and beliefs to interested physicians~~ *physicians*.

9 As a primary objective, these classes shall ~~strive~~ *be designed* to
10 teach physicians ~~a~~ *the following*:

11 (1) A foreign language at the level of proficiency that initially
12 improves their ability to communicate with non-English speaking
13 patients ~~and eventually enables them to communicate directly with~~
14 ~~their patient population. In terms of culture, the primary objective~~
15 ~~is to teach physicians cultural~~.

16 (2) *A foreign language at the level of proficiency that*
17 *eventually enables direct communication with the non-English*
18 *speaking patients.*

19 (3) *Cultural* beliefs and practices that *may* impact patient
20 health care practices and allow physicians to incorporate this
21 knowledge in the diagnosis and treatment of patients who are not
22 from the ~~dominant~~ *predominate* culture in California.

23 (c) The program shall operate through local medical societies
24 and shall be developed to address the ethnic language minority
25 groups of interest to local medical societies.

26 (d) In dealing with Spanish language and cultural practices of
27 Mexican immigrant communities, the cultural and linguistic
28 training program shall be developed with direct input from
29 physician groups in Mexico who serve the same immigrant
30 ~~population in Mexico. This is the standard approach for any of the~~
31 ~~languages and cultures that is taught by the program.~~ *population*
32 *in Mexico. A similar approach may be used for any of the*
33 *languages and cultures that are taught by the program or*
34 *appropriate ethnic medical societies may be consulted for the*
35 *development of these programs.*

36 (e) Training programs shall be based and developed on the
37 established knowledge of providers already serving target
38 populations and shall be formulated in collaboration with the
39 California Medical Association, the board, and other
40 California-based ethnic medical societies.

~~(f) A work group shall be established under the auspices of the board to:~~

~~(1) Examine and recommend whether credit may be given to physicians who enroll and successfully pass training modules or who complete program development. This credit may be in terms of receiving increased reimbursement rates under Medi-Cal, the Healthy Families Program, and health maintenance organizations. Standards shall be established to determine the degree of competency and reimbursement enhancements.~~

~~(2) Establish standards for cultural and linguistic competency courses and training to ensure they are consistent with the intent of this article, have a practical application and academic merit, and are accredited by the Accreditation Council for Continuing Medical Education.~~

~~(g)~~

(f) Programs shall include standards that identify the degree of competency for participants who successfully complete independent parts of the course of instruction.

(g) Programs shall seek accreditation by the Accreditation Council for Continuing Medical Education.

(h) The Division of Licensing shall convene a work group including, but not limited to, representatives of affected patient populations, medical societies engaged in program delivery, the State Department of Health Services, the Department of Managed Health Care, and community clinics to perform the following functions:

(1) Evaluation of the progress made in the achievement of the intent of this article.

(2) Determination of the means by which achievement of the intent of this article can be enhanced.

(3) Evaluation of the reasonableness and the consistency of the standards developed by those entities delivering the program.

(4) Determination and recommendation of the credit to be given to participants who successfully complete the identified programs. Factors to be considered in this determination shall include, at a minimum, compliance with requirements for continuing medical education and eligibility for increased rates of reimbursement under Medi-Cal, the Healthy Families Program, and health maintenance organization contracts.

(i) Funding shall be provided by fees charged to physicians who elect to take these educational classes and any other funds that local medical societies may secure for this purpose.

~~(h)~~

(j) A survey for language minority patients shall be developed ~~to measure the degree of satisfaction with physicians who have taken these educational classes on cultural and linguistic competency. Another survey shall also be developed for instructors of cultural and linguistic educational classes to assess physicians beyond grades given for course work. and distributed by local medical societies, to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency provided under this section. Local medical societies shall also develop an evaluation survey for physicians to assess the quality of educational or training programs on cultural and linguistic competency. This information shall be shared with the work group established by the Division of Licensing.~~

2198.1. For purposes of this article, “cultural and linguistic competency” means cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including, but not limited to, the following:

(a) Direct communication in the patient-client primary language.

(b) Understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care.

(c) Awareness of how the health care providers and patients attitudes, values, and beliefs influence and impact professional and patient relations.